

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1281 Office of Registrar of Vital Statistics.

Ward 2¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 13th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Halpin

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 73 Years, ✓ Months, ✓ Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } County Clare - Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, { Give Street and Number. } 226 S. Caroline St

Cause of Death, { First (Primary), Second (Immediate), } Diarrhoea (Chronic)
Exhaustion

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem

Date of Burial, July 15th 1887

{ Undertaker, Mo. A. Baugh Atty.

C. J. Donovan M. D.
Medical Attendant.

{ Place of Business, 229 S. B'dwy Address, 311 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1282 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twelve to four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July, 14th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Harry Byers,

Sex, Male ~~on Female~~, { Cross out the word not
required in this line. }

Age, _____ Years, 2 Months, 1 Days

Color.....

Married, Single, Widow or Widower, {Cross out the words not
required in this line.}

Occupation, _____

Birth Place, { State or country, and how
long in the United States,
if of foreign birth. }

Duration of Residence in the City of Baltimore, *During lifetime*

Place of Death, { Give Street and
Number. } # 613, Patterson Lane

Cause of Death, { First (Primary), Cholera Infantum,
Second (Immediate), Convulsions.

Duration of Last Sickness, 2 Day's.

All the above information should be furnished by the Physician.

Place of Burial, Sa. Alphosus ben

Date of Burial, July 15 1875

(Undertaker, *Andrew Rohde* Medical Attendant.

Place of Business, 730 Penna Address, Penna Ave & Robert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No. 1283

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 1283 Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1887

Full Name of Deceased, Jno. Fred. Nicholas Schmitt
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 13 Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, Balto. City
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since born

Place of Death, 408 S. Durham St.
{ Give Street and Number. }

Cause of Death, Marasmus
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, since born

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Gen.

Date of Burial, July 15th 1887

{ Undertaker, H. Sander & Son

{ Place of Business, 1710 Canton St. Address, 1727 E. Balto. St.

P. S. Lauseh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. *A. 1284* Office of Registrar of Vital Statistics.

Ward *11th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *July 14th 1887*

Full Name of Deceased, *Sarah E. Vincent*
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, *Female*
Male or Female, Cross out the word not required in this line.

Age, *47* *Forty seven* Years, *4* Months, *✓* Days.

Color, *White*

Married, *Single*, *Widow* or *Widower*, *Married*
Cross out the words not required in this line.

Occupation,

Birth Place, *Virginia*
State or country, and how long in the United States, if of foreign birth.

Duration of Residence in the City of Baltimore, *Four Months*

Place of Death, *25427 Linden Avenue*
Give Street and Number.

Cause of Death, *Carcer of Uterus*
Asthenia
First (Primary), Second (Immediate).

Duration of Last Sickness, *Six years*

All the above information should be furnished by the Physician.

Place of Burial, *Greenmount Cemetery*

Date of Burial, *July 15th 1887*

E. H. Wallace M. D.

Medical Attendant.

Undertaker, *Lemmy & Mitchell*

Place of Business, *208 S. Broadway* Address, *25427 Linden Avenue*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1285 Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15th / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Heck Krause

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, Months, five Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 834 S. Sharp Street

Cause of Death, { First (Primary), Spasms
Second (Immediate), Life

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Matto Cemetery

Date of Burial, July 15 / 87 J. A. Seward M. D.

Undertaker, Henry Brüll

Place of Business, 112 Henrietta Address, Camp 16 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

H. A. Seward S. D. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1286 Office of Registrar of Vital Statistics.

Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mura Evaline Bowley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 8 Months, 7 Days.

Color, Caucasian

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, X

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1801st Alley

Duration of Residence in the City of Baltimore, X

Place of Death, { Give Street and Number. } 1442 Vincent Alley

Cause of Death, { First (Primary), Second (Immediate), } Dysentery
Cholera Infantum

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, July 15, 87

Undertaker, Self J. P. Brown M. D. Medical Attendant.

Place of Business, 541 Orchard St Address, Sharp & Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1287

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1287 Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

May 13 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Dorsey

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 80 ?

Years,

Months,

Days.

Color Ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Midwife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

16th

md

Duration of Residence in the City of Baltimore,

50 yrs

Place of Death, { Give Street and Number. }

(Old no) 231 Preston st

Cause of Death, { First (Primary), }

old age

{ Second (Immediate), }

Duration of Last Sickness,

2 yrs

All the above information should be furnished by the Physician.

Place of Burial,

Green Cemetery

Date of Burial,

July 15, 87

{ Undertaker,

Reed & Son

R Winslow

M. D.

Medical Attendant.

{ Place of Business,

511 Orchard st

Address, 412 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 7288

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 1288 Office of Registrar of Vital Statistics. Ward 4^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7. 13. 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophia Hopkins

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 86 Years, 5 Months, ✓ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, House Keeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co. Md

Duration of Residence in the City of Baltimore, About 60 years

Place of Death, { Give Street and Number. } 1110 E. Fayette St

Cause of Death, { First (Primary), Second (Immediate), } Exhaustion from old age
No other

Duration of Last Sickness, In bed several weeks

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground

Date of Burial, July 15th
{ Undertaker, Evans & Spence } Dr. Carey Thomas M. D. Medical Attendant.

{ Place of Business, 1000 E. Balt. St } Address, 1248 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. A 1289 Office of Registrar of Vital Statistics. Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14th 1889

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna E. Hill

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 28 Years, — Months, — Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Married

Occupation Dressmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Emmitsburg ✓

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } 523 Hanover St

Cause of Death, { First (Primary), Premature birth
Second (Immediate), Pneumonia }
2 weeks

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing, Md.

Date of Burial, July 15th

{ Undertaker J. W. Tolle } Geo. H. Benson M. D. Medical Attendant.

{ Place of Business, 421 Hanover St } Address, 576 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

4766 Daniel [OVER.]

No. 1290

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A. 1290 Office of Registrar of Vital Statistics.

Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1887

Full Name of Deceased, May Justin
Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 53 Years, White Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, House wife

Birth Place, Germany
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, 21 Lancaster St
{ Give Street and Number. }

Cause of Death, Excessive Heat
Cerebral congestion
Six hours
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Six hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, July 15th 1887

Undertaker, Leonard Perry E. H. Rustad M. D.
Medical Attendant

Place of Business, 403 N. Broadway
W. L. S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]